

In the Claims

Kindly Cancel Original claims 1-14 as indicated below and add New Claims 15-19, as indicated thereafter.

1. (Canceled) An endotracheal tube introducer (“introducer”) for slidably removable disposition within an endotracheal tube (“ETT”), said introducer having a wall defining a lumen extending between a proximal end and a distal end of said introducer, said wall having an outer diameter that is less than an inner diameter of said ETT, and said wall being circumscribed by an invertibly attached shroud for distal-ward (“forward”) flexion and proximal-ward (“rearward”) flexion.
2. (Canceled) The introducer of claim 1, wherein said shroud has a substantially frusto-conical shape extending from a first circle, in a first plane perpendicular to a longitudinal axis of said introducer and coincident with a ring of said introducer, said ring forming a circumferential pivot for said flexion of said shroud, to a second circle in a second plane parallel to said first plane, said second circle of said shroud being generally coaxial with said introducer and unattached to said introducer.
3. (Canceled) The introducer of claim 2, wherein said first circle of said shroud is invertibly attached to said ring of said introducer.
4. (Canceled) The introducer of claim 3 wherein said shroud flexes forward and rearward with respect to said ring.

5. (Canceled) The introducer of claim 1, wherein said shroud has a substantially frusto-conical shape extending from a first circle, in a first plane perpendicular to a longitudinal axis of said introducer and coincident with a ring of said introducer, said ring forming a circumferential pivot for said flexion of said shroud, to an ellipse in a second plane that is either parallel or other than parallel to said first plane, said ellipse being unattached to said introducer.

6. (Canceled) The introducer of claim 5, wherein said first circle of said shroud is invertibly attached to said ring of said introducer.

7. (Canceled) The introducer of claim 6, wherein said shroud flexes forward and rearward with respect to said ring.

8. (Canceled) The introducer of claim 1, wherein said proximal end is split.

9. (Canceled) A method for performing an intubation using an endotracheal tube (“ETT”) and an endotracheal tube introducer (“introducer”), said introducer having a wall defining a lumen extending between a proximal end and a distal end of said introducer, said wall having an outer diameter that is less than an inner diameter of said ETT, and said wall being circumscribed by an invertibly attached shroud for distal-ward (“forward”) flexion and proximal-ward (“rearward”) flexion, comprising the steps of:

- a. placing said shroud of said introducer in an anteflexed, forward conformation;
- b. placing said proximal end of said introducer within a lumen of said ETT at a distal end thereof;
- c. advancing said proximal end of said introducer into said lumen of said ETT until a proximal end of said invertibly attached shroud apposes a distal tip of said ETT;
- d. manually flexing said shroud of said introducer from said anteflexed, forward conformation to a retroflexed, rearward conformation, thereby covering said distal tip of said ETT.

10. (Canceled) The method of claim 9, wherein said proximal end of said introducer is split.

11. (Canceled) The method of claim 9, further comprising the steps of:

- a. manually flexing said shroud of said introducer from said anteflexed, forward conformation to said retroflexed, rearward conformation, thereby additionally covering Murphy eye of said ETT;
- b. fixing said proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;
- c. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;
- d. introducing a malleable stylet within said lumen of said introducer forming said combined introducer-ETT unit;
- e. advancing said combined introducer-ETT unit bearing said malleable stylet within said lumen of said introducer into a patient's airway;

- f. directing said shrouded combined distal end of said combined introducer-ETT unit bearing said malleable stylet between and beyond a patient's vocal cords;
- g. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT.

12. (Canceled) The method of claim 9, further comprising the steps of:

- a. manually flexing said shroud of said introducer from said anteflexed, forward conformation to said retroflexed, rearward conformation, thereby additionally covering Murphy eye of said ETT;
- b. fixing said proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;
- c. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;
- d. advancing said combined introducer-ETT unit into a patient's nostril and thence into said patient's nasopharynx until said combined introducer-ETT unit is visualized through said patient's mouth in said patient's oropharynx;
- e. grasping a shrouded distal end of said combined introducer-ETT unit with a forceps introduced through said patient's mouth and thence directing said shrouded distal end of said combined introducer-ETT unit so as to place said shrouded distal end of said combined introducer-ETT unit between and beyond said patient's vocal cords;
- f. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT.

13. (Canceled) The method of claim 9, further comprising the steps of:

- a. manually flexing said shroud of said introducer from said anteflexed, forward conformation to said retroflexed, rearward conformation, thereby additionally covering Murphy eye of said ETT;
- b. fixing said proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;
- c. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;
- d. inserting a fiberscope within said lumen of said introducer forming said combined introducer-ETT unit;
- e. introducing said fiberscope into a patient's airway and using said fiberscope to identify said patient's carina;
- f. advancing said combined introducer-ETT unit over said fiberscope into said patient's trachea using said fiberscope as a guide wire, so as to place said shrouded combined distal end of said combined introducer-ETT unit between and beyond said patient's vocal cords;
- g. withdrawing said fiberscope from said combined introducer-ETT unit;
- h. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT.

14. (Canceled) The method of claim 9, further comprising the steps of:

- a. manually flexing said shroud of said introducer from said anteflexed, forward conformation to said retroflexed, rearward conformation, thereby additionally covering Murphy eye of said ETT;

- b. fixing said proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;
- c. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;
- d. inserting a tube exchanger into an in-place ETT within a patient's airway to serve as a guide wire for its removal;
- e. withdrawing said in-place ETT over said tube exchanger;
- f. advancing said combined introducer-ETT unit over said tube exchanger so as to place said shrouded combined distal end of said combined introducer-ETT unit between and beyond said patient's vocal cords;
- g. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT, leaving said ETT properly positioned in said patient's trachea.

15. (New) An endotracheal tube introducer ("introducer") for slidably removable disposition within an endotracheal tube ("ETT"), said introducer comprising a tube having a wall defining a lumen extending between a split proximal end and a distal end of said introducer; said wall having an outer diameter that is less than an inner diameter of said ETT and having a shroud invertibly attached to a ring circumscribing said introducer; said ring forming a circumferential pivot for distal-ward ("forward") flexion and proximal-ward ("rearward") flexion of said shroud with respect to said ring; and, wherein said shroud has a substantially frusto-conical shape extending from a circle in a first

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plane that is coincident with said ring and perpendicular to a longitudinal axis of said introducer, to a closed conic section in a second plane, said closed conic section being generally coaxial with and unattached to said introducer.

16. (New) A method for performing an intubation using an endotracheal tube (“ETT”) and an endotracheal tube introducer (“introducer”), said introducer comprising a tube having a wall defining a lumen extending between a split proximal end and a distal end of said introducer; said wall having an outer diameter that is less than an inner diameter of said ETT and having a shroud invertibly attached to a ring circumscribing said introducer; said ring forming a circumferential pivot for forward flexion and rearward flexion of said shroud with respect to said ring; and, wherein said shroud has a substantially frusto-conical shape extending from a circle in a first plane that is coincident with said ring and perpendicular to a longitudinal axis of said introducer, to a closed conic section in a second plane, said closed conic section being generally coaxial with and unattached to said introducer, comprising the steps of:

- a. placing said shroud of said introducer in a forward conformation;
- b. placing said split proximal end of said introducer within a lumen of said ETT at a distal end thereof;
- c. advancing said split proximal end of said introducer into said lumen of said ETT until a proximal end of said shroud apposes a distal tip of said ETT;
- d. manually flexing said shroud of said introducer from said forward conformation to a rearward conformation, thereby covering said distal tip of said ETT and a Murphy eye of said ETT;
- e. fixing said split proximal end of said introducer to a proximal end of said ETT by means of

surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;

f. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;

d. introducing a malleable stylet within said lumen of said introducer forming said combined introducer-ETT unit;

e. advancing said shrouded combined introducer-ETT unit bearing said malleable stylet within said lumen of said introducer into a patient's airway;

f. directing said shrouded combined distal end of said combined introducer-ETT unit bearing said malleable stylet between and beyond a patient's vocal cords;

g. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT.

17. (New) A method for performing an intubation using an endotracheal tube (“ETT”) and an endotracheal tube introducer (“introducer”), said introducer comprising a tube having a wall defining a lumen extending between a split proximal end and a distal end of said introducer; said wall having an outer diameter that is less than an inner diameter of said ETT and having a shroud invertibly attached to a ring circumscribing said introducer; said ring forming a circumferential pivot for forward flexion and rearward flexion of said shroud with respect to said ring; and, wherein said shroud has a substantially frusto-conical shape extending from a circle in a first plane that is coincident with said ring and perpendicular to a longitudinal axis of said introducer, to a closed conic section in a second plane, said closed conic section being generally coaxial with and unattached to said introducer, comprising the steps of:

- a. placing said shroud of said introducer in a forward conformation;
- b. placing said split proximal end of said introducer within a lumen of said ETT at a distal end thereof;
- c. advancing said split proximal end of said introducer into said lumen of said ETT until a proximal end of said shroud apposes a distal tip of said ETT;
- d. manually flexing said shroud of said introducer from said forward conformation to a rearward conformation, thereby covering said distal tip of said ETT and a Murphy eye of said ETT;
- e. fixing said split proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;
- f. lubricating a region between said shroud of said introducer and said distal end of said ETT with

surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;

g. advancing said combined introducer-ETT unit into a patient's nostril and thence into said patient's nasopharynx until said combined introducer-ETT unit is visualized through said patient's mouth in said patient's oropharynx;

h. grasping a shrouded distal end of said combined introducer-ETT unit with a forceps introduced through said patient's mouth and thence directing said shrouded distal end of said combined introducer-ETT unit so as to place said shrouded distal end of said combined introducer-ETT unit between and beyond said patient's vocal cords;

i. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT.

18. (New) A method for performing an intubation using an endotracheal tube ("ETT") and an endotracheal tube introducer ("introducer"), said introducer comprising a tube having a wall defining a lumen extending between a split proximal end and a distal end of said introducer; said wall having an outer diameter that is less than an inner diameter of said ETT and having a shroud invertibly attached to a ring circumscribing said introducer; said ring forming a circumferential pivot for forward flexion and rearward flexion of said shroud with respect to said ring; and, wherein said shroud has a substantially frusto-conical shape extending from a circle in a first plane that is coincident with said ring and perpendicular to a longitudinal axis of said introducer, to a closed conic section in a second plane, said closed conic section being generally coaxial with and unattached to said introducer, comprising the steps of:

a. placing said shroud of said introducer in a forward conformation;

- b. placing said split proximal end of said introducer within a lumen of said ETT at a distal end thereof;
- c. advancing said split proximal end of said introducer into said lumen of said ETT until a proximal end of said shroud apposes a distal tip of said ETT;
- d. manually flexing said shroud of said introducer from said forward conformation to a rearward conformation, thereby covering said distal tip of said ETT and a Murphy eye of said ETT;
- e. fixing said split proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;
- f. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;
- g. inserting a fiberscope within said lumen of said introducer forming said combined introducer-ETT unit;
- h. introducing said fiberscope into a patient's airway and using said fiberscope to identify said patient's carina;
- i. advancing said combined introducer-ETT unit over said fiberscope into said patient's trachea using said fiberscope as a guide wire, so as to place said shrouded combined distal end of said combined introducer-ETT unit between and beyond said patient's vocal cords;
- j. withdrawing said fiberscope from said combined introducer-ETT unit;
- k. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT.

19. (New) A method for performing an intubation using an endotracheal tube (“ETT”) and an endotracheal tube introducer (“introducer”), said introducer comprising a tube having a wall defining a lumen extending between a split proximal end and a distal end of said introducer; said wall having an outer diameter that is less than an inner diameter of said ETT and having a shroud invertibly attached to a ring circumscribing said introducer; said ring forming a circumferential pivot for forward flexion and rearward flexion of said shroud with respect to said ring; and, wherein said shroud has a substantially frusto-conical shape extending from a circle in a first plane that is coincident with said ring and perpendicular to a longitudinal axis of said introducer, to a closed conic section in a second plane, said closed conic section being generally coaxial with and unattached to said introducer, comprising the steps of:

- a. placing said shroud of said introducer in a forward conformation;
- b. placing said split proximal end of said introducer within a lumen of said ETT at a distal end thereof;
- c. advancing said split proximal end of said introducer into said lumen of said ETT until a proximal end of said shroud apposes a distal tip of said ETT;
- d. manually flexing said shroud of said introducer from said forward conformation to a rearward conformation, thereby covering said distal tip of said ETT and a Murphy eye of said ETT;
- e. fixing said split proximal end of said introducer to a proximal end of said ETT by means of surgical tape or a fixation ring, thereby stabilizing said distal end of said ETT and said distal end of said introducer and forming a combined introducer-ETT unit having a shrouded combined distal end;

- f. lubricating a region between said shroud of said introducer and said distal end of said ETT with surgical lubricant to prevent sticking during subsequent withdrawal of said introducer from said lumen of said ETT;
- g. inserting a tube exchanger into an in-place ETT within a patient's airway to serve as a guide wire for its removal;
- h. withdrawing said in-place ETT over said tube exchanger;
- i. advancing said combined introducer-ETT unit over said tube exchanger so as to place said shrouded combined distal end of said combined introducer-ETT unit between and beyond said patient's vocal cords;
- j. removing said surgical tape or said fixation ring and withdrawing said introducer from said ETT, leaving said ETT properly positioned in said patient's trachea.

Status of the Application

The Status of the Application is as follows.

Original Claims 1-14 were presented for prosecution.

Original Claims 1-14 are canceled.

Claims 15-19 are added by the present amendment.

Claims 15-19 are presently pending for consideration by the Examiner.

The Examiner objected to Original Claims 8 and 10-14 are as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims.

Claim 15 is an independent apparatus claim that includes all of the limitations of cancelled (base) Claim 1 and canceled Claims 2-8 dependent therefrom.

Claim 16 is an independent orotracheal method claim that includes all of the limitations of cancelled (base) Claim 1 and canceled Claims 2-8 dependent therefrom.

Claim 17 is an independent nasotracheal method claim that includes all of the limitations of cancelled (base) Claim 1 and cancelled Claims 2-8 dependent therefrom.

Claim 18 is an independent fibroscope method claim that includes all of the limitations of cancelled (base) Claim 1 and cancelled Claims 2-8 dependent therefrom.

Claim 19 is an independent tube exchanger method claim that includes all of the limitations of cancelled (base) Claim 1 and cancelled Claims 2-8 dependent therefrom.

No claims have been amended prior to the present office action response.

In view of the amendments herein, applicant respectfully submits that all of the pending claims are allowable over the prior art of record.